

Form P-64A

(REV. 1999)

STATE OF HAWAII—DEPARTMENT OF TAXATION  
CONVEYANCE TAX CERTIFICATE

DO NOT WRITE OR STAPLE IN THIS SPACE

CLIP THIS FORM TO DOCUMENT TO BE RECORDED AND MAIL OR  
DELIVER TO THE BUREAU OF CONVEYANCES  
DO NOT STAPLE

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.
See Attached				

ISLAND Oahu APT. NO. \_\_\_\_\_

NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)

SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.

SPORTS SHINKO (WAIKIKI) CORPORATION

PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.

OR HOTEL, LLCDATE OF TRANSACTION: January, 2002

Complete the applicable lines below. For more information, see Instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price

1 5,500,000 00

## EXCHANGE OF PROPERTIES:

2a. Market value of all property(ies) exchanged

2a

2b. Other consideration

2b

2c. Total (Add lines 2a and 2b)

2c

## ASSIGNMENT OF LEASE:

3a. Sale price of leasehold

3a

3b. Value of any increase in lease rental capitalized at 6% (See Instructions)

3b

3c. Total (Add lines 3a and 3b)

3c

## LEASE OR SUBLEASE:

4a. Rent capitalized at 6% (See Instructions) Term \_\_\_\_\_ years beginning:

1st period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 2nd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

3rd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 4th period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

Total rent capitalized at 6%.

4a

4b. Sales price or premium for the lease

4b

4c. Total (Add lines 4a and 4b)

4c

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c

5

5,500,000 00

6. Less: personal property included in amount on line 5, if applicable

6

550,000 00

7. Difference — Actual and full consideration (line 5 minus line 6)

7

4,950,000 00

8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$.10))

8

4,950 00

9a. Penalty. For late filing (See Instructions)

9a

9b. Interest. For late payment (See Instructions)

9b

10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b)

10

4,950 00

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here:

Please provide mailing address for assessment notice:

NAME

ADDRESS

ZIP

OR Hotel, LLC

1001 Bishop St, Ste 1570, Hon, HI

96813

Please provide real property billing address, if different from assessment address:

NAME

ADDRESS

ZIP

232 0887

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee

Under Honolulu Ordinance No. 80-88, a "foreign person" is any individual who is not a U.S. citizen or an alien resident. The term applies to business enterprises organized under foreign law, or their principal place of business is in a foreign country, or 25% or more of the equity or ownership interest is foreign.

## DECLARATION

I (We) declare, under the penalties prescribed for false declaration in section 231-36, Hawaii Revised Statutes (HRS), that this certificate (including accompanying schedules or statements) has been examined by me (us) and, to the best of my (our) knowledge and belief, is a true, correct, and complete certificate, made in good faith, for the actual and full consideration paid on the conveyance to which this certificate is appended, pursuant to the Conveyance Tax Law, chapter 247, HRS.

SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.

SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.  
OR HOTEL, LLCBy: Wayne T. Tanigawa, Its Member

DAYTIME PHONE NO.: (808) 524 1508

DAYTIME PHONE NO.: ( )

FORM P-64A

EXHIBIT 29

# BREAKDOWN OF SALES PRICE PER TAX MAP KEY

TMK (1) 2/6/027/050 - \$ 613,945.88

TMK (1) 2/6/027/008 - \$3,107,425.68

TMK (1) 2/6/027/007 - \$1,228,628.44

TOTAL SALES PRICE \$4,950,000.00

Form P-64A

REV. 1999)

STATE OF HAWAII—DEPARTMENT OF TAXATION  
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TAX MAP KEY				CPR NO.
Z	S	PLAT	PARCEL	
See	Attached			
ISLAND <u>Mau</u>				APT. NO. _____

NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)  
**SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.**  
Sports Shinko (Pukalani) Co., Ltd.

**PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.**  
Pukalani Golf Club, LLC

## DATE OF TRANSACTION:

Complete the applicable lines below. For more information, see Instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price		1	4,000,000	00
<b>EXCHANGE OF PROPERTIES:</b>				
2a. Market value of all property(ies) exchanged	2a			
2b. Other consideration	2b			
2c. Total (Add lines 2a and 2b)	2c			
<b>ASSIGNMENT OF LEASE:</b>				
3a. Sale price of leasehold	3a			
3b. Value of any increase in lease rental capitalized at 6% (See Instructions)	3b			
3c. Total (Add lines 3a and 3b)	3c			
<b>LEASE OR SUBLEASE:</b>				
4a. Rent capitalized at 6% (See Instructions) Term _____ years beginning: _____				
1st period _____ yrs @ \$ _____ /yr.				
2nd period _____ yrs @ \$ _____ /yr.				
3rd period _____ yrs @ \$ _____ /yr.				
4th period _____ yrs @ \$ _____ /yr.				
Total rent capitalized at 6%.	4a			
4b. Sales price or premium for the lease	4b			
4c. Total (Add lines 4a and 4b)	4c			

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c	5	4,000,000	00
6. Less: personal property included in amount on line 5, if applicable	6	200,000	00
7. Difference — Actual and full consideration (line 5 minus line 6)	7	3,800,000	00
8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$.10))	8	3,800	00
9a. Penalty. For late filing (See Instructions)	9a		
9b. Interest. For late payment (See Instructions)	9b		
10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b)	10	3,800	00

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here:

Please provide mailing address for assessment notice:  
NAME

ADDRESS

Pukalani Golf Club, LLC1001 Bishop St, Ste 1570, Hon HIZIP  
96813Please provide real property billing address, if different from assessment address:  
NAME

ADDRESS

232 1142

ZIP

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee  
Under Honolulu Ordinance No. 90-68, a "foreign person" is any individual who is not a U.S. citizen or an alien resident. The term applies to business enterprises organized under foreign law, or their principal place of business is in a foreign country, or 25% or more of the equity or ownership interest is foreign.

## DECLARATION

I (We) declare, under the penalties prescribed for false declaration in section 231-36, Hawaii Revised Statutes (HRS), that this certificate (including accompanying schedules or statements) has been examined by me (us) and, to the best of my (our) knowledge and belief, is a true, correct, and complete certificate, made in good faith, for the actual and full consideration paid on the conveyance to which this certificate is appended, pursuant to the Conveyance Tax Law, chapter 247, HRS.

SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.

SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.  
Pukalani Golf Club, LLCBy Wayne Tanigawa, Its Manager  
DAYTIME PHONE NO.: (808) 524-1508

DAYTIME PHONE NO.: ( ) -

FORM P-64

## BREAKDOWN OF SALES PRICE PER TAX MAP KEY

TMK (2) 2/3/055/068 - \$	1,588.22
TMK (2) 2/3/055/069 - \$	1,283.41
TMK (2) 2/3/048/125 - \$	1,353.36
TMK (2) 2/3/049/088 - \$	4,950.75
TMK (2) 2/3/057/124 - \$	124,778.25
TMK (2) 2/3/056/097 - \$	636,081.10
TMK (2) 2/3/056/098 - \$	539,240.75
TMK (2) 2/3/056/095 - \$	1,269.93
TMK (2) 2/3/056/096 - \$	1,283.41
TMK (2) 2/3/057/121 - \$	1,283.41
TMK (2) 2/3/057/138 - \$	303,202.40
TMK (2) 2/3/061/114 - \$	639,612.40
TMK (2) 2/3/009/004 - \$	1,135,157.54
TMK (2) 2/3/009/040 - \$	408,915.07

SALES PRICE	\$3,800,000.00
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(REV. 1999)STATE OF HAWAII—DEPARTMENT OF TAXATION  
CONVEYANCE TAX CERTIFICATE

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DO NOT STAPLE

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.
See Attached				

ISLAND Maui APT. NO. \_\_\_\_\_

NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)  
 SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.  
Sports Shinko (Pukalani) Co., Ltd.

PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.  
KG Maui Development, LLC

## DATE OF TRANSACTION:

Complete the applicable lines below. For more information, see instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price	1	500,000	00
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## EXCHANGE OF PROPERTIES:

2a. Market value of all property(ies) exchanged

2a

2b. Other consideration

2b

2c. Total (Add lines 2a and 2b)

2c

## ASSIGNMENT OF LEASE:

3a. Sale price of leasehold

3a

3b. Value of any increase in lease rental capitalized at 6% (See instructions)

3b

3c. Total (Add lines 3a and 3b)

3c

## LEASE OR SUBLEASE:

4a. Rent capitalized at 8% (See instructions) Term \_\_\_\_\_ years beginning:

1st period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 2nd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

3rd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 4th period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

Total rent capitalized at 8%.

4a

4b

4b. Sales price or premium for the lease

4c

4c. Total (Add lines 4a and 4b)

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c

5

6. Less: personal property included in amount on line 5, if applicable

6

7. Difference — Actual and full consideration (line 5 minus line 6)

7

8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$ .10))

8

9a. Penalty. For late filing (See instructions)

9a

9b. Interest. For late payment (See instructions)

9b

10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b)

10

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here:

Please provide mailing address for assessment notice:

NAME

ADDRESS

ZIP

KG Maui Development, LLC

1001 Bishop St., Ste 1570, Hon HI

96813

Please provide real property billing address, if different from assessment address:

NAME

ADDRESS

ZIP

232 1145

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee  
Under Honolulu Ordinance No. 90-88, a "foreign person" is any individual who is not a U.S. citizen or an alien resident. The term applies to business enterprises organized under foreign law, or their principal place of business is in a foreign country, or 25% or more of the equity or ownership interest is foreign.

## DECLARATION

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SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.

SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.  
KG Maui Development, LLC

By Wayne Tanigawa, (Its Manager)

DAYTIME PHONE NO.: (808) 524 - 1508

DAYTIME PHONE NO.: ( ) -

FORM P-64A

**BREAKDOWN OF SALES PRICE PER TAX MAP KEY**

TMK (2) 2/3/008/005 - \$ 24,936.30  
TMK (2) 2/3/008/036 - \$125,381.24  
TMK (2) 2/3/009/039 - \$322,977.60  
TMK (2) 2/3/047/126 - \$ 26,704.86

SALES PRICE           \$500,000.00



Form P-64A  
REV. 1999)STATE OF HAWAII—DEPARTMENT OF TAXATION  
CONVEYANCE TAX CERTIFICATE

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TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.
2	6	027	028	

ISLAND Oahu APT. NO. \_\_\_\_\_

## NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)

SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.

SPORTS SHINKO (WAIKIKI) CORPORATION

PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.

QK HOTEL, LLC

## DATE OF TRANSACTION: \_\_\_\_\_

Complete the applicable lines below. For more information, see Instructions on reverse side.

## SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price ..... 1 3,500,000 00

## EXCHANGE OF PROPERTIES:

2a. Market value of all property(ies) exchanged ..... 2a

2b. Other consideration ..... 2b

2c. Total (Add lines 2a and 2b) ..... 2c

## ASSIGNMENT OF LEASE:

3a. Sale price of leasehold ..... 3a

3b. Value of any increase in lease rental capitalized at 5% (See Instructions) ..... 3b

3c. Total (Add lines 3a and 3b) ..... 3c

## LEASE OR SUBLEASE:

4a. Rent capitalized at 6% (See Instructions) Term \_\_\_\_\_ years beginning: \_\_\_\_\_

1st period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 2nd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

3rd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 4th period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

Total rent capitalized at 6% ..... 4a

4b. Sales price or premium for the lease ..... 4b

4c. Total (Add lines 4a and 4b) ..... 4c

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c ..... 5 3,500,000 00

6. Less: personal property included in amount on line 5, if applicable ..... 6 350,000 00

7. Difference — Actual and full consideration (line 5 minus line 6) ..... 7 3,150,000 00

8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$.10)) ..... 8 3,150 00

9a. Penalty. For late filing (See Instructions) ..... 9a

9b. Interest. For late payment (See Instructions) ..... 9b

10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b) ..... 10 3,150 00

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here: \_\_\_\_\_

Please provide mailing address for assessment notice:

NAME

ADDRESS

ZIP

QK Hotel, LLC

1001 Bishop St, Ste 1570, Hon HI

96813

Please provide real property billing address, if different from assessment address:

NAME

ADDRESS

232 1256 ZIP

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee

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## DECLARATION

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SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.

SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.

QK HOTEL, LLC

By: Wayne T. Tanigawa, Its Member

DAYTIME PHONE NO.: (808) 524-1508

DAYTIME PHONE NO.: ( ) -

FORM P-64A

DO NOT WRITE OR STAPLE IN THIS SPACE

Form P-64A  
(REV. 1999)STATE OF HAWAII—DEPARTMENT OF TAXATION  
CONVEYANCE TAX CERTIFICATECLIP THIS FORM TO DOCUMENT TO BE RECORDED AND MAIL OR  
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DO NOT STAPLE

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.
See	Attached			
ISLAND <u>Kauai</u>			APT. NO. _____	

NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)  
SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.  
Sports Shinko (Kauai) Co., Ltd.PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.  
Kiahuna Golf Club, LLC

## DATE OF TRANSACTION:

Complete the applicable lines below. For more information, see Instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price ..... 1 2,500,000 00

## EXCHANGE OF PROPERTIES:

2a. Market value of all property(ies) exchanged ..... 2a  
2b. Other consideration ..... 2b  
2c. Total (Add lines 2a and 2b) ..... 2c

## ASSIGNMENT OF LEASE:

3a. Sale price of leasehold ..... 3a  
3b. Value of any increase in lease rental capitalized at 6% (See Instructions) ..... 3b  
3c. Total (Add lines 3a and 3b) ..... 3c

## LEASE OR SUBLEASE:

4a. Rent capitalized at 6% (See Instructions) Term \_\_\_\_\_ years beginning: \_\_\_\_\_  
1st period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 2nd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.  
3rd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 4th period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.  
Total rent capitalized at 6% ..... 4a  
4b. Sales price or premium for the lease ..... 4b  
4c. Total (Add lines 4a and 4b) ..... 4c

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c ..... 5 2,500,000 00  
6. Less: personal property included in amount on line 5, if applicable ..... 6 200,000 00  
7. Difference — Actual and full consideration (line 5 minus line 6) ..... 7 2,300,000 00  
8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$ .10)) ..... 8 2,300 00  
9a. Penalty. For late filing (See Instructions) ..... 9a  
9b. Interest. For late payment (See Instructions) ..... 9b  
10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b) ..... 10 2,300 00

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Please provide mailing address for assessment notice:  
NAME

ADDRESS

ZIP

Kiahuna Golf Club, LLC1001 Bishop St, Ste 1570, Hon HI96813Please provide real property billing address, if different from assessment address:  
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ADDRESS

ZIP

232 1537

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

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SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.  
Kiahuna Golf Club, LLCWayne L. Loo, Manager

DAYTIME PHONE NO.: ( ) \_\_\_\_\_

DAYTIME PHONE NO.: \_\_\_\_\_

808-524-1508

FORM P-64A



## BREAKDOWN OF SALES PRICE PER TAX MAP KEY

TMK (4) 2/8/014/007 - \$1,039,852.64  
TMK (4) 2/8/014/008 - \$ 799,803.54  
TMK (4) 2/8/014/028 - \$ 14,514.45  
TMK (4) 2/8/014/031 - \$ 411,58.20  
TMK (4) 2/8/014/036 - \$ 388,485.12  
TMK (4) 2/8/015/077 - \$ 16,186.05

SALES PRICE \$2,300,000.00--

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(REV. 1999)STATE OF HAWAII—DEPARTMENT OF TAXATION  
**CONVEYANCE TAX CERTIFICATE**

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TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.
See	Attached			
ISLAND <u>Kauai</u>			APT. NO. _____	

**NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)**  
**SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.**  
Sports Shikno (Kauai) Co., Ltd.
**PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.**  
KG Kauai Development, LLC
**DATE OF TRANSACTION:**

Complete the applicable lines below. For more information, see Instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price ..... 1 500,000 00

**EXCHANGE OF PROPERTIES:**

2a. Market value of all property(ies) exchanged ..... 2a

2b. Other consideration ..... 2b

2c. Total (Add lines 2a and 2b) ..... 2c

**ASSIGNMENT OF LEASE:**

3a. Sale price of leasehold ..... 3a

3b. Value of any increase in lease rental capitalized at 6% (See Instructions) ..... 3b

3c. Total (Add lines 3a and 3b) ..... 3c

**LEASE OR SUBLEASE:**4a. Rent capitalized at 6% (See Instructions) Term \_\_\_\_\_ years beginning: \_\_\_\_\_  
1st period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 2nd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.  
3rd period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr. 4th period \_\_\_\_\_ yrs @ \$ \_\_\_\_\_ /yr.

Total rent capitalized at 6% ..... 4a

4b. Sales price or premium for the lease ..... 4b

4c. Total (Add lines 4a and 4b) ..... 4c

**TAX COMPUTATION AND BALANCE DUE:**

5. Amount from line 1, 2c, 3c, or 4c ..... 5 500,000 00

6. Less: personal property included in amount on line 5, if applicable ..... 6

7. Difference — Actual and full consideration (line 5 minus line 6) ..... 7 500,000 00

8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$ .10)) ..... 8 500 00

9a. Penalty. For late filing (See Instructions) ..... 9a

9b. Interest. For late payment (See Instructions) ..... 9b

10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b) ..... 10 500 00

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here: \_\_\_\_\_

Please provide mailing address for assessment notice:  
NAME

ADDRESS

ZIP

KG Kauai Development, LLC1001 Bishop St, Ste 1570, Hon HI96813Please provide real property billing address, if different from assessment address:  
NAME

ADDRESS

ZIP

232 1540**REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.**Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee  
Under Honolulu Ordinance No. 80-68, a "foreign person" is any individual who is not a U.S. citizen or an alien resident. The term applies to business enterprises organized under foreign law, or their principal place of business is in a foreign country, or 25% or more of the equity or ownership interest is foreign.**DECLARATION**

I (We) declare, under the penalties prescribed for false declaration in section 231-36, Hawaii Revised Statutes (HRS), that this certificate (including accompanying schedules or statements) has been examined by me (us) and, to the best of my (our) knowledge and belief, is a true, correct, and complete certificate, made in good faith, for the actual and full consideration paid on the conveyance to which this certificate is appended, pursuant to the Conveyance Tax Law, chapter 247, HRS.

**SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.****SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.**  
KG Kauai Development, LLCBy Wayne Tanigawa, Its ManagerDAYTIME PHONE NO.: (808) 524-1508

DAYTIME PHONE NO.: ( ) \_\_\_\_\_

FORM P-64A

## BREAKDOWN OF SALES PRICE PER TAX MAP KEY

TMK (4) 2/8/014/032 - \$237,526.89  
TMK (4) 2/8/014/033 - \$100,513.37  
TMK (4) 2/8/014/034 - \$ 53,212.96  
TMK (4) 2/8/014/035 - \$108,746.78

SALES PRICE            \$500,000.00

DO NOT WRITE OR STAPLE IN THIS SPACE

Form P-64A  
(REV. 1999)STATE OF HAWAII—DEPARTMENT OF TAXATION  
CONVEYANCE TAX CERTIFICATECLIP THIS FORM TO DOCUMENT TO BE RECORDED AND MAIL OR  
DELIVER TO THE BUREAU OF CONVEYANCES  
DO NOT STAPLE

TAX MAP KEY				CPR NO.
Z	S	PLAT	PARCEL	
	See	Attached		

ISLAND Oahu APT. NO. \_\_\_\_\_

NAMES OF PARTIES TO THE DOCUMENT (Please Type or Print)  
 SELLER(S) / TRANSFEROR(S) / GRANTOR(S), ETC.  
Sports Shinko (Mililani) Co., Ltd.

PURCHASER(S) / TRANSFEREE(S) / GRANTEE(S), ETC.  
Mililani Golf Club, LLC

## DATE OF TRANSACTION:

Complete the applicable lines below. For more information, see Instructions on reverse side.

SALE, AGREEMENT OF SALE (A/S), ASSIGNMENT OF A/S, OR OTHER TRANSFER/CONVEYANCE:

1. Sale Price		1	5,500,000	00
EXCHANGE OF PROPERTIES:				
2a. Market value of all property(ies) exchanged	2a			
2b. Other consideration	2b			
2c. Total (Add lines 2a and 2b)	2c			
ASSIGNMENT OF LEASE:				
3a. Sale price of leasehold	3a			
3b. Value of any increase in lease rental capitalized at 6% (See Instructions)	3b			
3c. Total (Add lines 3a and 3b)	3c			
LEASE OR SUBLEASE:				
4a. Rent capitalized at 6% (See Instructions) Term _____ years beginning: _____				
1st period _____ yrs @ \$ _____ /yr.				
2nd period _____ yrs @ \$ _____ /yr.				
3rd period _____ yrs @ \$ _____ /yr.				
4th period _____ yrs @ \$ _____ /yr.				
Total rent capitalized at 6%.	4a			
4b. Sales price or premium for the lease	4b			
4c. Total (Add lines 4a and 4b)	4c			

## TAX COMPUTATION AND BALANCE DUE:

5. Amount from line 1, 2c, 3c, or 4c	5	5,500,000	00
6. Less: personal property included in amount on line 5, if applicable	6	200,000	00
7. Difference — Actual and full consideration (line 5 minus line 6)	7	5,300,000	00
8. Conveyance Tax (Multiply line 7 by .0010 and round to the nearest ten cents (\$ .10))	8	5,300	00
9a. Penalty. For late filing (See Instructions)	9a		
9b. Interest. For late payment (See Instructions)	9b		
10. Total Balance Due (Line 8, and if applicable, add lines 9a and 9b)	10	5,300	00

If document will not be recorded, please provide: (1) land area; and (2) address or short legal description of property here:

Please provide mailing address for assessment notice:

NAME  
Mililani Golf club, LLC

ADDRESS

1001 Bishop St, Ste 1570, Hon HI

ZIP

96813

Please provide real property billing address, if different from assessment address:

NAME

ADDRESS

232 1662

ZIP

## REPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.

Check the applicable box(es) if the transferor and/or the transferee is a foreign person. ☐ Transferor ☐ Transferee  
 Under Honolulu Ordinance No. 90-68, a "foreign person" is any individual who is not a U.S. citizen or an alien resident. The term applies to business enterprises organized under foreign law, or their principal place of business is in a foreign country, or 25% or more of the equity or ownership interest is foreign.

## DECLARATION

I (We) declare, under the penalties prescribed for false declaration in section 231-38, Hawaii Revised Statutes (HRS), that this certificate (including accompanying schedules or statements) has been examined by me (us) and, to the best of my (our) knowledge and belief, is a true, correct, and complete certificate, made in good faith, for the actual and full consideration paid on the conveyance to which this certificate is appended, pursuant to the Conveyance Tax Law, chapter 247, HRS.

SIGNATURE(S) - Seller(s)/Transferor(s)/Grantor(s), Etc.

SIGNATURE(S) - Purchaser(s)/Transferee(s)/Grantee(s), Etc.

Mililani Golf Club, LLC

By Wayne Tanigawa Its Manager

DAYTIME PHONE NO.: (808) 524-1508

DAYTIME PHONE NO.: ( )

FORM P-64

## BREAKDOWN OF SALES PRICE PER TAX MAP KEY

TMK (1) 9/5/001/035 - \$5,280,254.31  
TMK (1) 9/5/001/076 - \$ 219,745.69

SALES PRICE           \$5,500,000.00